

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10/593679	FILING DATE					
CLAIMS							APPLICANT(S)						
	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 1 <sup>st</sup> AMENDMENT			AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 1 <sup>st</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3		2		1			53						
4		2		1			54						
5		2		1			55						
6		2		1			56						
7		2		1			57						
8		2		1			58						
9		2		1			59						
10		2		1			60						
11		2		1			61						
12		2		1			62						
13		2		1			63						
14		2		1			64						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1	↓	1	↓		↓	TOTAL IND.	↓	↓	↓	↓	↓	↓
TOTAL DEP.	20	←	18	←		←	TOTAL DEP.	←	←	←	←	←	←
TOTAL CLAIMS	21		19				TOTAL CLAIMS						

PTO - 1360 (REV. 11/04)

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